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Feb 10 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N96000002125 (0)

1. Corporation Name

THE NORTHWOOD PRESERVE ASSOCIATION, INC.



Principal Place of Business

Mailing Address

410 52 STREET
WEST PALM BEACH FL 33407410 52 STREET
WEST PALM BEACH FL 33407-2728

3. Date Incorporated or Qualified

04/16/1996

3a. Date of Last Report

N.A.

2. Principal Place of Business

2a. Mailing Address

21 P.O. BOX 8366

25 P.O. BOX 8366

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23 WEST PALM BEACH, FL

28 WEST PALM BEACH, FL

Zip

Country

Zip

Country

24 33407

25 USA.

29 33407

30 USA.

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution☐ \$5.00 May Be
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

LINES, VIRGINIA
410 52 STREET
WEST PALM BEACH FL 33407

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D ☐ DELETE
NAME LINES, VIRGINIA
STREET ADDRESS 410 52 STREET
CITY - ST - ZIP WEST PALM BEACH FL 334071.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIPTITLE D ☐ DELETE
NAME VANNUCCI, MILO
STREET ADDRESS 421 51 STREET
CITY - ST - ZIP WEST PALM BEACH FL 334072.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIPTITLE D ☐ DELETE
NAME POZNAK, JOAN V
STREET ADDRESS 5200 POINSETTIA AVE APT 1203
CITY - ST - ZIP WEST PALM BEACH FL 334073.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIPTITLE D ☐ DELETE
NAME POZNAK, FREDERICK V
STREET ADDRESS 5200 POINSETTIA AVE APT 1203
CITY - ST - ZIP WEST PALM BEACH FL 334074.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIPTITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIPTITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0040370

CR2E037 (9/96)